

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH

See Instructions on Reverse Side

1. County Crawford Town Eastman Wis
 Village City Check one and give name

2. Location Sec. 12 Township Range 6, S.E. 1/4 of N.E. 1/4
 Name of street and number of premise or Section, Town and Range numbers

3. Owner or Agent Charles Mansow
 Name of individual, partnership or firm

4. Mail Address Eastman Wis
 Complete address required

5. From well to nearest: Building 8 ft; sewer _____ ft; drain 150 ft; septic tank 150 ft;
 dry well or filter bed 200 ft; abandoned well 6 ft.

6. Well is intended to supply water for: Home and Stock MAY 18 1959

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10	0	44 1/2	6	44 1/2	420

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	Black Pipe	0	44 1/2

9. GROUT:

Kind	From (ft.)	To (ft.)
neat Cement	7	44 1/2

11. MISCELLANEOUS DATA:

Yield test: 1 Hrs. at 13 GPM.
 Depth from surface to water-level: 390 ft.
 Water-level when pumping: 395 ft.
 Water sample was sent to the state laboratory at:
 _____ on _____ 19____
 City

10. FORMATIONS:

Kind	ENVIRONMENTAL SANITATION	
	From	To
Surface	0	5
Clay and Boulder	5	12
Plattville	12	100
Sh. lime	110	115
Oil Rock	115	122 1/2
Gloss Rock	122 1/2	125
Trenton	125	165
St. Peter Sand	165	210
Prairie Du Chien	210	420

Construction of the well was completed on:

April 27 1959

The well is terminated 12 inches
 above, below the permanent ground surface.

Was the well disinfected upon completion?

Yes No _____

Was the well sealed watertight upon completion?

Yes No _____

Signature Tony Beato Registered Well Driller Box 503 Cuba City Wis Complete Mail Address

Please do not write in space below

Rec'd MAY 6 1959 No. 11265

Ans'd _____
 Interpretation _____

SAFE

10 ml 10 ml 10 ml 10 ml 10 ml

Gas—24 hrs. _____

48 hrs. _____

Confirm _____

B. Coli 0

Examiner _____

T8N

RECEIVED